								-		7/	1///	374
1									Application	on or (Docket Mu	mber "
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I												
	<i>ا</i>		SMALL	ENTITY	i ya a anari i	OTHE	RTHAN					
ΙŦ	OTAL CLAIMS		(Column !)		(Column 2)		Ĩ	TYPE		OA	SMALL	ENTITY
FOR			67				1	RATE		4	RATE	FEE
			NUMBER FILED		NUMBER EXTRA		4	BASIC F	EE 355.00	OR	BASIC FE	710.00
TOTAL CHARGEABLE CLAIMS			64 minus 20=		34		₩.	X\$ 9=	394	ОЯ	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		2		2	X40=	7	٦.,	X80≈	
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT			D #			180	OŘ		
' If the difference in column 1 is local than now a service to							intr	+135-		OR	+270=	<u>L</u>
1	'Il the difference in column 1 is less than zero, enter '0' in column 2								(B)	OR	TOTAL.	
1	CLAIMS AS AMENDED - PART II											THAN
	·	(Column 1) CLAMS		(Colur		(Contento 3)		BMAL	ENTITY	OR	SMALL	
¥	100	REMAINING AFTER		NUM PREVIO		PRESENT	H	RATE	ADDI- TIONAL	.]	RATE	ADDI- TIONAL
AMENDMENT	Total Control	AMENDMENT		PAID		100	*		FEE	4		FEE
	·Total Independent	116	Minus Minus		Ψ 5	- 52		X\$ 9•	468	OR	X\$18=	
₹	FIRST PRESENTATION OF MULTI					713	8	X48=	882	OR	X80=	
-	THE SECTION OF MOUTHER DEFENDENT				CL/IIIV	agentar discount		+135=	والمعادية المراد	OR	+270=	Derman on the real Pro-
			•			٠		TOTAL		-	TOTAL	
ļ.		(Column 1) (Column 2) (Calumn 3						CONT. FE		JOR,	ADDIT. FEE	L
I	CLAIMS REMAINING			HUSE		(Column 3)	1.1	·	ADDI-	1		
TENDRAEWT-		AFTER		PREVIO	USLY	PRESENT EXTRA:	 	RATE	TIONAL	ll	RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID	OR	1 77	*		FEE	ł		FEE
E	Independent	133	Minus	1.11	<u> </u>	·	9	X\$ 9=	153	OR	X\$18=	
ŧ		PRESENTATION OF MULTIPLE DEPEN		PENDENT	CL AIM	-	ĿĹ	x78=	3010	OR	X80=	
_	The state of the s							+135 =		OR	+270=	. 1
								P4 4 4 5	4540		YOTAL	
	(Column 1) (Column 3)								U23	JOA ,	NDOIT. FEE	
6		CLAIMS		HIGHE	ST	(Catumn 3)"	~		ADDI-	•		
AMENDMENT (REMAINING AFTER		NUMB	15U:	PRESENT EXTRA #	•	RATE	TIONAL		RATE	ADDI- TIONAL
×	Total	AMENDMENT	Minus	PAID F	27		-		FEE			FEE
EN	Independent	· /Ψ	Minus Minus	" //	7.5			X\$ 9=		OR	X\$18=	
AM		NTATION OF MIL		PENDENT	2.5 I		1	X40=		OR	X80-	the second second
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								#135=		点	+270=	
. 11	If the entry in column 1 is less than the entry in column write "I'm column 3." If the "Highest Number Previously Paid For" IN THIS SPACE is loss than \$2,000 to 10.									OR [TOTAL	
••••	l the "Highest Nur	nber Previously Pai	id for in th	S SPACE IS I	less than	2.00 T		TOTAL DIT. FEE			DOIT. FEEL	
1	ne Trignesi Num	ber Proviously Paid	For (Total o	r independen	I) is the I			in the app	voprisle boa	in colu	ma 1.	
ORM	ORW PTO 075 " Palett and Trademyn Otice, U.S. DEPARTMENT OF COMMERCE											

BEST AVAILABLE COPY